

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>Continued:</p> <p>1. Inpatient services other than those provided in an institution for mental diseases or tuberculosis.</p> <div style="position: absolute; bottom: 100px; left: 100px; transform: rotate(-90deg);"> <p>TN# 87-11 Supersedes TN# 85-3</p> <p>APR 29 1987 Approval Date JAN 01 1987 Effective Date</p> </div>	<p>24. Medical supplies and durable equipment excluded by the Disposable Medical Supplies and Durable Medical Equipment Program, COMAR 10.09.12.</p> <p>25. A private room except when medically justified, i.e., isolation.</p> <p>26. Telephones, televisions, personal comfort items or services.</p> <p>27. The services of non-professionals, paraprofessionals and professionals whose salaries are not paid by the hospital, and not included in the hospital's cost.</p> <p>28. Duplicated care or service as indicated by more than one charge for the same stay or more than one room accommodation for the same time, i.e., a charge for an inpatient day and an observation room charge on the same day if the patient is admitted.</p> <p>Reimbursement in this type of situation will be authorized for the inpatient day only.</p> <p>29. Sterilizations if not performed according to criteria contained in 42 C.F.R. §441.250-441.259, and if the appropriate forms, as established by guidelines, are not properly completed and attached to the claim.</p> <p>30. Abortions if not performed in accordance with State Law for Medicaid budgeting.</p> <p>31. Care provided to a normally well newborn will be limited to the day limit of the mother's stay for an uncomplicated obstetrical delivery or uncomplicated caesarean section.</p> <p>32. Balances due after partial payment by any insurance company or intermediary for any item not included in and/or authorized by the Maryland Medical Assistance Program, i.e., services covered by other third party insurance that are not covered by the Program.</p> <p>33. Administrative days in all hospitals for patients pending discharge to home or to a non-medical institution.</p>

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PROGRAM	LIMITATIONS
Continued:	
I. Inpatient services other than those provided in an institution for mental diseases or tuberculosis.	<p>34. Administrative days when payment is being made to a nursing home for reserving a bed.</p> <p>35. The purchase price of an organ for transplant.</p> <p>36. Non-emergency admissions to hospitals in states not bordering Maryland unless determined by the Program or its designee that comparable services are not available in Maryland.</p> <p>37. Inpatient laboratory tests (other than in emergency situations) not specifically ordered by the attending physician or other responsible practitioner.</p> <p>38. Organ transplantations unless performed in hospitals that are national transplantation referral centers designated by the Secretary. To be designated a national referral center for organ transplantations, a general hospital shall be certified as a provider and shall:</p> <ul style="list-style-type: none">(a) Be a full service tertiary research and teaching facility;(b) Have medical and clinical expertise in sub-specialties related to organ transplantations including but not limited to:<ul style="list-style-type: none">(i) Transplant surgery,(ii) Hematology,(iii) Immunology,(iv) Infectious diseases,

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PROGRAM

LIMITATIONS

1. Inpatient services other than those provided in an institution for mental diseases or tuberculosis. Continued:

- (v) Pathology
- (vi) Pharmacology
- (vii) Pediatrics,
- (viii) Anesthesiology,
- (ix) Oncology,
- (x) Psychiatry,
- (xi) Radiology, and
- (xii) Physical therapy;

- c) Be equipped with a tissue laboratory capable of tissue typing and immunological techniques;
- d) Be capable of supplying large quantities of blood on short notice;
- e) For liver transplantation be a currently approved Medicare provider for liver transplantations, or for pediatric hospitals currently satisfy Medicare requirements for approval as a provider of liver transplantations;
- f) For heart, heart-lung and lung transplantations, be a currently approved Medicare provider for heart transplantations.

39. Provided in a hospital located outside of the United States.

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PROGRAM	LIMITATIONS
Servies that require preauthorization.	<ol style="list-style-type: none">1. Cosmetic surgery.2. Lipectomy and panniculectomy.3. All evaluations, procedures, and treatments related in any way to sex reassignment.4. Medical Assistance prescriptions and injections for male hormones for biologic females and female hormones for biologic males.5. Vision care according to COMAR 10.09.14.06, and COMAR 10.09.23.07.6. Dental care according to COMAR 10.09.05.06, and COMAR 10.09.23.07.7. Podiatry care according to COMAR 10.09.15.06.8. Medical supplies and durable equipment according to COMAR 10.09.12.9. Services which have been determined by Medicare to be ineffective, unsafe or without proven clinical value are generally presumed to be not medically necessary, but will be preauthorized if the provider can satisfactorily document medical necessity. These services are found in the <u>Medicare Hospital Manual, HCFA-Publication 10.</u>

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PROGRAM	LIMITATIONS
continued: Services that require preauthorization	<p>10. (a.) Heart transplantation. A heart transplantation for a patient with one of the following contraindications is presumed to be not medically necessary or appropriate, unless otherwise demonstrated according to the provisions of Sec. 1 No. 17 of this attachment:</p> <ul style="list-style-type: none"> (i) Active peptic ulcer disease, (ii) Symptomatic, or documented severe asymptomatic, peripheral or cerebrovascular disease, (iii) Diabetes, requiring insulin, (iv) Recent pneumonia or unresolved pulmonary infraction, except for the case of a heart-lung transplantation, (v) History of psychiatric illness, alcoholism, or drug abuse. (vi) Systemic disease limiting rehabilitation. (vii) Active systemic infection, (viii) Irreversible and severe hepatic or renal dysfunction, or (ix) Severe pulmonary hypertension except for a heart-lung transplantation. <p>(b.) Liver transplantation. A liver transplantation for a patient with one of the following diseases will be presumed to be medically necessary and appropriate upon submission of adequate documentation:</p> <ul style="list-style-type: none"> (i) Extrahepatic biliary atresia in a young infant, (ii) Chronic active hepatitis caused by drug reactions, (iii) Primary biliary cirrhosis (slowly progressive cholestatic liver disease), (iv) Inborn errors of metabolism which cause end-stage liver damage or irreversible extrahepatic complications, (v) Budd-Chiari syndrome (hepatic vein thrombosis), when the patient has not responded to anticoagulation or appropriate surgery for portal decompression, (vi) Sclerosing cholangitis that may cause liver failure, (vii) Primary hepatic malignancy confined to the liver, but not amenable to resection, (viii) Alcohol-related liver cirrhosis and alcoholic hepatitis in patients who are judged likely to abstain from alcohol and who have established clinical indicators of fatal outcome, or (ix) Post-necrotic cirrhosis caused by viruses except those patients with persistent viremia.

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PROGRAM	LIMITATIONS
<p>Continued</p> <p>Services that require preauthorization</p>	<p>10. (c) Heart-lung transplantation. A heart lung transplantation will be presumed to be medically necessary and appropriate under the following conditions.</p> <ul style="list-style-type: none"> (i) The conditions of (a)(i) - (ix), above, for a medically necessary heart transplantation are met and there also exists primary or secondary pulmonary hypertension. (ii) A heart transplantation would be ineffective without an accompanying lung transplantation, and (iii) The contraindications of (d)(i)-(vii), below, for a medically necessary lung transplantation are not present. <p>(d) Lung transplantation. A lung transplantation for a patient with one of the following contraindications is presumed to be not medically necessary or appropriate, unless otherwise demonstrated according to the provision of Sec. 1 No. 17 of this attachment:</p> <ul style="list-style-type: none"> (i) Pleural disease such as from a prior thoracotomy/sternotomy or pleurodesis or pleurectomy procedure; (ii) Respiratory failure requiring assisted ventilation (iii) Steroid use greater than the equivalent of prednisone, 10 milligrams every day or 20 milligrams every other day; (iv) Emotional instability; (v) Presence of another or underlying systemic disorder; (vi) Etiology of the pulmonary vascular disease not fully documented; or (vii) Maximal therapy for the underlying pulmonary vascular disorder not achieved.

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PROGRAM	LIMITATIONS
Services that require preauthorization.	<p>11. The following surgical procedures require pre-authorization when performed on a hospital inpatient basis.</p> <p>Repair of blepharoptosis and lid retraction; Reconstruction of eyelid with flaps or grafts; Other reconstruction of eyelid; Other repair of eyelid; Other reconstructive surgery on cornea; Surgical correction of prominent ear; Other plastic repair of external ear; Repair and plastic operation on nose; Plastic repair of the mouth; Palatoplasty; Other operations on vessels; Insertion of testicular prosthesis; Operations of penis; Vaginal construction and reconstruction; Operations of clitoris; Operations on facial bones and joints; Partial ostectomy of facial bones; Operations on the breast; Augmentation mammoplasty; Other operations on the breast; Injection or tattooing of skin lesion or defect.</p>

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PROGRAM	LIMITATIONS
(Continued) Services that require pre-authorization	<ol style="list-style-type: none"> <li data-bbox="672 478 1302 840"> 12. A non-emergency surgical procedure shall be preauthorized by the Program or its designee when performed on a hospital inpatient basis unless: <ol style="list-style-type: none"> <li data-bbox="756 649 1234 712">a. The patient is already a hospital inpatient for another condition, or <li data-bbox="756 744 1276 851">b. An unrelated procedure is being done simultaneously which itself requires inpatient hospitalization. <li data-bbox="672 883 1209 946">13. Surgical procedures for the treatment of obesity. <li data-bbox="672 978 1268 1085">14. All non-emergency inpatient hospital service require pre-admission certification by the Program or its designee. <li data-bbox="672 1117 1234 1287">15. Preauthorization is valid only for services rendered or initiated within 60 days of the date issued, provided the recipient is Medicaid eligible at the time the service is rendered. <li data-bbox="672 1319 1234 1425">16. The Department will preauthorize services when the provider submits to the Department adequate documentation. <li data-bbox="672 1457 1218 1564">17. Preauthorization from the Program or its designee is required for all preoperative inpatient days. <li data-bbox="672 1596 1260 1734">18. If an emergency necessitates performing any procedure on an inpatient basis, the provider shall request and obtain utilization control agent certification. <li data-bbox="672 1766 1008 1808">19. Mental health services

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LIMITATIONS

Continued:

1. Inpatient services other than those provided in an institution for mental diseases or tuberculosis.

Services that require preauthorization.

Dental extractions, single and multiple
Frenectomy
Gingivectomy and Gingivoplasty
Peridontal scaling and root planning
Pulpotomy
Root canal therapy
Injection of peripheral nerve (not part of another treatment)
Surgical syndactylism

Excision of cyst, fibroadenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple lesion, unilateral or bilateral;

Incision and drainage of pilonidal sinus;
Rectal dilation under anesthesia other than local;
Banding of hemorrhoid;

Hemorrhoidectomy - external;
Paracentesis - abdominal;

Thoracentesis - initial or subsequent;
Thyroglossal duct cyst excision;

Umbilical herniorrhaphy - pediatric - 0-14 years of age;
Pediatric - inguinal hernia repair in children with excision of hydrocele or spermatocele - 0-14 years of age;

Gynecomastia excision;

Excision or surgical planing of skin of nose for rhinophyma;

Ligation of minor varicose vein of leg;

Pterygium excision;

Chalazion excision;

Corneal foreign body removal;

Entropion repair;

Ectropion repair;

Pinguecula excision;

Probing and/or irrigation of canaliculus lacrimalis;

Canthotomy;

Goniotomy;

Manipulation, probing of nasolacrimal duct, with or without irrigation, without intubation;

Iridectomy;

Delimiting keratotomy;

Paracentesis of the eye;

Sclerotomy;

Repair of minor conjunctival lacerations;

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Cryotherapy;
Ptosis repair;
Muscle surgery of the eye (resection, recession, advancement, etc), one muscle;
Cyclodiathermy;
Biopsies - ear, nose and throat area (multiple lesions);
Foreign bodies in nose, ear, throat, removal;
Incision and drainage of nasal septal abscess;
Replacement of nasogastric tube;
Nasal polyp excision;
Ear polyp excision;
Excision turbinate, partial or complete;
Excision, resection of inferior turbinate (submucous) complete or partial, unilateral or bilateral;
Burn dressing: dressing and/or debridement, initial or subsequent, without anesthesia, small;
Burn dressing: medium or large (whole face or whole extremity, etc.), without anesthesia;
Repair, excision and/or repair by adjacent tissue transfer or re-arrangement, defect size between one square inch and three square inches, eyelids, nose, ears;
Excision of basal cell carcinoma up to 4.0 cm. in diameter;
Hymenectomy;
Incision and drainage of Bartholin's gland abscess;
Colposcopies;
Treatment of closed femoral fracture distal end, medial or lateral condyle; without reduction;
Hallux valgus (bunion) correction, with or without sesamoidectomy, simple exostectomy (silver type procedure)
(a) Keller, McBride or Mayo type procedure,
(b) Aiken procedure;
Correction of Hallux Abducto Valgus including osteotomy of the head, base or shaft of the first metatarsal, unilateral;
Excision or osteotomy of the metatarsal head or base of the lesser metatarsals, unilateral;
Removal of K wires;
Arthroscopy, knee, diagnostic;
Arthroscopy, knee, surgical, with synovial biopsy;
Arthroscopy, knee, with removal of loose body;
Olecranon bursa, excision;
Arthrodesis (phalanges);

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